

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

DEC 20 1936

41510

**1. PLACE OF DEATH**

County Jackson Registration District No. 349  
 Township Kaw Primary Registration District No. 1062  
 City Kansas City (No. 7119 Paseo) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Margaret J. Sheldon

(a) Residence, No. 7119 Paseo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward G. Sheldon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Daniel G. Saunders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Angeline Culp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Wm. McKee (Daughter)  
 (ADDRESS) 7119 Paseo, Kansas City, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Stewartsville, Mo. DATE Dec. 1, 1936

19. UNDERTAKER Stine & McClure  
 (ADDRESS) 3235 Gilham Plaza

20. FILED 11-30-36 MM Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from JAN 1, 1926 to NOV. 28, 1936

I last saw DR alive on Nov. 27, 1936. Death is said

to have occurred on the date stated above, at 9P. P. m.  
 The principal cause of death and related causes of importance were as follows:

HYPOSTATIC PNEUMONIA

Date of onset  
2 days

Other contributory causes of importance:  
CHRONIC MYO CARDIUM YEARS  
CHRONIC NEPHRITIS WITH EDema YEARS  
RACTURE LEFT PULMUR 4 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide or homicide? \_\_\_\_\_ Date of injury May 24

Where did injury occur? factory  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) D. C. Zuehlke, M. D.

(Address) 6944

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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